APPLICATION FOR SPECIALIZED GRADUATE STUDY

Date: ______________

Full Name: _________________________________________________________ Student ID#: _________________________

E-Mail: ___________________________ Graduate Program: ______________________________

Projected Graduation Date: _________________ Hours this quarter ___________ (Exclusive of this course) GPA __________

A student taking Specialized Graduate Study will read widely on a chosen subject, prepare a written proposal, produce a paper and/or project demonstrating competence in the subject area. Proposal and Syllabus must be attached to this form. This form must be submitted at least two weeks prior to beginning the project.

Application for specialized study in ___________________________ during _________ quarter _______ year.

Check One:
☐ 559 Supplemental Studies ☐ 569 Advanced Study ☐ 579 Directed Research/Project ☐ Course (Independent basis)

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<th>CALL #</th>
<th>COURSE PREFIX/NO.</th>
<th>COURSE TITLE</th>
<th>CREDITS</th>
<th>INSTRUCTOR</th>
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Title of Project: ______________________________________________________________________________________

_____________________________________________________________________________________________

STUDENT DATE ADVISER DATE

PROGRAM DIRECTOR DATE DEAN/CHAIR DATE

DO NOT WRITE BELOW THIS LINE

ACTION:

DEAN OF GRADUATE STUDIES DATE

* It is understood that this project is to be completed during the enrolled quarter and all work is to be submitted prior to examination week unless other arrangements are made in writing and approved.

Revised 8-22-18